PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docke: Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								TYPE			OF SMALL ENTITY	
TOTAL CLAIMS			10000111	T	100.0			RATE	FEE	7	RATE	FEE
				511.50	NI 1440	ER EXTRA		BASIC FEE	 -	10=	BASIC FEE	950
FOR .			NUMBER FILED						 	100	<u> </u>	1.
TOTAL CHARGEABLE CLAIMS			48 minus 20= - 2			•		X\$ 9=	ļ	OR	X\$18=	504
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=.	
MULTIPLE DEPENDENT CLAIM PRESENT							-145=		OR	300	300	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1754
CLAIMS AS AMENDED - PART II											OTHER THAN	
4-17-07 (Column 1) (Column						(Column 3)	, ,	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- / (Minus	- 1	1.	=		XS 9=		OR	X\$18=	
	Independent	. 100	Minus	·		eng	KI	. =X43ر		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR/	+290=	
								TOTAL	-	ØR	TOTAL ADDIT. FEE	•
ADDIT. FEE												
		(Column 1)	1	HIGHES	ज		lr		ADDI-			ADDI-
AMENDMENT B	;	REMAINING AFTER		NUMBE PREVIOU	SLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
		AMENDMENT		PAID FO)R	•	!	×6.0	PEE		X\$18=	1 10 10
Š	Total	•	Minus	••		£		XS 9=		OR		
AME	Incependent	-	Minus	CMDENT C	MIAT	<u>-</u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							+145=		OR	+290=	
								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 4)		(Column	21.	(Column 3).						l
1 C		(Column 1) CLAIMS REMAINING AFTER		HIGHES NUMBE PREVIOUS	R SLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT C		"KMEROMENT	THE REPORT OF THE PARTY OF THE	PXIDEO	H	Carl Carl Service Carl	F		FEE	ŀ		FEE
	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***				X43=		ÖR	X86=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** ADDIT. FEE										OR ;	TOTAL ODIT. FEE	
		mber Previously Pa mber Previously Pa iber Previously Pai							ropriate box			·